FAMILY HISTORY

|  |  |  |
| --- | --- | --- |
| Main group | | |
| Study Name: | | |
| **\***GUID  (GUID): | | |
| Subject ID number  (SubjectIDNum)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age in Years  (AgeYrs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Visit Date  (VisitDate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Site Name  (SiteName):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Days since Baseline  DaysSinceBaseline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Case Control Indicator  (CaseContrlInd):  Case ⭘ Control ⭘ Unknown | | What is the vital status of the subject?  (VitStatus):  O Alive ⭘ Dead ⭘ Unknown |
| What is the ISO 639 code for the language the form/instrument has been administrated? (LangCRFAdministratISOCode). Select one. If “Other, specify” is selected, please write in response.   |  |  | | --- | --- | | chi Chinese  cze Czech  dan Danish  dut Dutch  eng English  fin Finnish  fre French  ger German  gre Greek  heb Hebrew  hin Hindi  hun Hungarian | ira Iranian languages  ita Italian  jpn Japanese  nor Norwegian  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LangCRFAdministratISOCodeOTH)  por Portuguese  rus Russian  sgn Sign language  spa Spanish  vie Vietnamese |   What time frame do the questions in this form refer to?  (ContextType) *Select one. If “Other, specify” is selected, please write in response*.   * After injury * At time of assessment * Time of injury * Before injury * Last 2 weeks * Last 6 months * Last 24 hours * Last month * Last week * Last year * Prior to death * Since last interview * Other, specify (ContextTypeOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| |  | | --- | | Form administration |  1. Who filled out this form?   (DataSource) Select one. If “Other, specify” is selected, please write in response.   * Participant/Subject * Spouse * Father * Mother * Son * Daughter * Brother * Sister * Friend * Physician * Chart/Medical Record * Other, specify (DataSourceOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# Family Members Information

Any family history of medical conditions?

(FamHistMedclCondInd)  
Select one.

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

Relationship of the family member or ancestor to the participant/subject .

(FamHistMedclCondReltvTy)  
*Select all that apply. If “Other, specify” is selected, provide an input*

* Child
* Biological mother
* Biological father
* Full sibling
* Brother
* Sister
* Grandfather
* Grandmother
* Grandchild
* Grandson
* Granddaughter
* Great-grandchild
* Half sibling
* Half-sister
* Half-brother
* Maternal aunt
* Maternal cousin
* Maternal grandfather
* Maternal grandmother
* Maternal niece/nephew
* Maternal uncle
* Other first degree relative
* Other second degree relative
* Third degree relative
* Paternal aunt
* Paternal cousin
* Paternal grandfather
* Paternal grandmother
* Paternal niece/nephew
* Paternal uncle
* Unknown
* Not available
* Refused
* Other, specify (FamHistMedclCondReltvOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whether the participant's/subject's family member has donated biological samples to a repository?

(FmlyHistRelTypBioSampleRepInd)

* Yes
* No
* Unknown

Number of family members that have samples in a repository FmlyHistRelTypBioSamRepCt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family History Global Assessment

### Date medical history taken

(MedclHistTakenDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify if the family member of the participant/subject has or had a history of any medical problems?

(MedclHistBodySysInd). Choose one.

* Yes
* No
* Unknown

### Body system category

(BodySysCat)  
*Select all that apply. If “other, specify” selected, provide an input.*

* Allergic/Immunologic
* Cardiovascular
* Constitutional symptoms e.g., fever, weight loss
* Dermatological
* Ears, Nose, Mouth, Throat
* Endocrine
* Eyes
* Gastrointestinal
* Gastrointestinal/Abdominal
* Genitourinary
* Gynecologic/Urologic/ Renal
* Hematologic/Lymphatic
* Hepatobiliary
* Integumentary skin and/or breast
* Musculoskeletal
* Musculoskeletal
* separate from ALS exam
* Neurological
* Neurological
* separate from ALS exam
* Neurologic/CNS
* Oncologic
* Psychiatric
* Pulmonary
* Respiratory
* Other, specify (BodySysOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Number of family members of the specified type with the specific medical condition

(FmlyHistMedclCondRelCt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history condition start date and time

(MedclHistCondStrtDateTime)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history condition end date and time

(MedclHistCondEndDateTime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SNOMED CT code (MedclHistCondSNOMEDCTCode\*)   
*Enter SNOMED CT code. List multiple codes if needed. Use Appendix 2 “cheat sheet” to find the codes.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history condition text (MedclHistCondTxt\*)  
*For each SNOMED CT code listed in MedclHistCondSNOMEDCTCode, enter the verbatim concept name. Use Appendix 2 “cheat sheet” to find the codes and names. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Family history of TBIs

### Traumatic injury indicator

(PriorTraumInjryInd)

* Yes
* No
* Unknown

### Traumatic injury type

(PriorTraumInjryType)*.* Select all that apply:

* Brain Injury
* Spine Injury
* Other Extracranial Injury

### Head injuries prior number

(HeadInjPriorNum) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family History of Headaches/Migraines

### Does the family member of the participant/subject suffered from headaches?

(HeadachHistInd)

* Yes
* No
* Unknown

### Was the family member of the participant/subject diagnosed with headaches and/or migraines?

(HeadachMigranDiagnsInd)

* Yes
* No
* Unknown

### Diagnosis provided

(HeadachMigranTyp)   
Select all that apply

* Chronic Migraine
* Chronic Tension Type
* Cluster Headache
* Episodic Tension Type
* Hemiplegic Migraine
* Menstrual Headache
* Migraine with aura
* Migraine without aura
* Other TAC type, specify
* Tension Type Headache
* Trigeminal Autonomic Cephalgias
* Trigeminal Headache
* Other primary/secondary type headache, specify

### Additional comments to diagnosis provided

(AddtnalCommntTxt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family Hisotory of Medications

### Is the family member of the participant/subject taking any physician prescribed medications, investigational medications, or supplements?

(MedctnSupplUseInd)  
Choose one.

* Yes
* No
* Unknown

### Medication/supplement name

(MedctnSupplName) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Any medication prior or concomitant used? (MedctnPriorConcomUseInd)

Choose one.

* Yes
* No
* Unknown

### Concomitant medication name trade of generic

(MedctnPriorConcomName)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Is the concomitant medication use ongoing?

(MedctPrConcomOngoingInd)  
Choose one.

* Yes
* No
* Unknown

# Family History of Allergies

### Does the family member have any allergies (AllergyDiagnInd)? Choose one*:*

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Unknown |

### If yes, check which type (AllergyReportedTyp). *Choose all that apply:*

* Food
* Medication
* Seasonal
* Other, specify (AllergyReportedTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Allergy description (AllergyDescriptionTxt). Enter the descriptive test. Include the list of allergens:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Allergic reaction type (AllergyReportedReactTyp). Choose all that apply for each allergy type from the previous question:

* Anaphylaxis
* Difficulty breathing
* Dizziness
* Headaches
* Hives
* Itching
* Nausea
* Rash
* Swelling
* Vomiting
* Other, specify (AllergyReportedReactTypOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family History of Behavioral History

### Is the family member of the participant/subject a current drinker

(AlcCurntUseInd)   
Choose one.

* Yes
* No
* Unknown

### Is the family member of the participant/subject the past drinker?

(AlcPriorUseInd)

* Yes
* No
* Unknown

### Duration in years the family member of the participant/subject has used alcohol ingesting of alcoholic beverages, including social drinking

(AlcoholUseDuratn)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Age started drinking

(AlcUseStrtAgeVal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Age stopped drinking

(AlcUseStopAgeVal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Drug or substance prior illicit use for the family member of the participant/subject?

(DrugSubstncPriorIllictUseInd)   
Choose one.

* Yes
* No
* Unknown

### Is the family member of the participant/subject a current drug user?

(DrgSubstCurrntIllicitUseCat)  
Choose one.

* Yes
* No
* Unknown

### If YES, specify illicit drug type used

(DrgSubIllctUseCat)

* Cocaine or crack;
* Hallucinogens
* e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote
* Heroin
* Inhalants or Solvents
* e.g., amyl nitrate, nitrous oxide, glue, tolune, or gasoline;Marijuana, hash, THC, or grass
* e.g., Methadone, Elavil, steroids, Thorazine, or Haldol
* Painkillers
* e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol
* Sedatives
* e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate
* Stimulants
* e.g., Preludin, Benzedrine, Methadrine, uppers, or speed
* Tranquilizers or anti-anxiety drugs
* e.g., Valium, Librium, muscle relaxants, or Zanax
* Other, specify (DrgSubIllctUseOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Total years use of illicit drugs

(DrgSubsIllctUseDur)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Is the family member of the participant/subject currently using tobacco?

(TobcoUseCurntInd). Choose one.

* Yes
* No
* Unknown

### Is the family member of the participant/subject used tobacco in the past?

(TobcoPriorUseInd)   
Choose one.

* Yes
* No
* Unknown

### Duration in years the family member of the participant/subject has used tobacco products e.g. cigarettes, cigars, chewing tobacco or pipe?

(TobcoUseDur)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Types of tobacco used

(TobcoProdctUsedTyp)  
Select all that apply. If “Other, specify” selected, provide an input.

* Chewing tobacco
* Cigars
* Filtered cigarettes
* Low tar cigarettes
* Non-filtered cigarettes
* Pipes
* Other, specify (TobcoProdctUsedOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family Medical History Categories

### Specify if participant/subject has a history of any medical problems/conditions in the following body systems

(MedclHistGlobalAssmtInd)

* Yes
* No
* Unknown

### Medical history cardiovascular category

(MedHistCodeCardio)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 012-Arrhythmia
* 011-Congenital heart disease
* 015-Hypertension
* 013-Ischemic heart disease
* 017-Peripheral vascular disease
* 016-Thromboembolic
* 014-Valvular heart disease
* 019-Other, specify (MedHistCodeCardioOTH) \_\_\_\_\_\_\_\_\_\_\_

### Medical history developmental history category

(MedHistDevelopmentalHistory)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 142-Attention deficit/hyperactivity disorder
* 143-Developmentally Delayed
* 141-Learning disabilities
* 144-Other developmental disorder
* 149-Other, specify (MedHistDevelopmentalHistoryOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history endocrine category

(MedHistEndocrine)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 022-IDDM
* Type I
* 023-NIDDM
* Type II
* 021-Thyroid disorder
* 029-Other, specify (MedHistEndocrineOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history eye, ear, nose, and throat category

(MedHistEyeEarNoseThroat)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 033-Hearing deficit
* 031-Sinusitis
* 032-Vision abnormality
* 039-Other, specify (MedHistEyeEarNoseThroatOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history gastrointestinal category

(MedHistGastrointestinal)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 044-Diarrhea secondary
* 041-GERD
* 042-GI bleed
* 043-Inflammatory bowel disease
* 049-Other, specify (MedHistGastrointestinalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history hematologic category

(MedHistHematologic)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 053-AIDS
* 051-Anemia
* 055-Coagulopathy
* 052-HIV positive
* 054-Sickle cell disease
* 059-Other, specify (MedHistHematologicOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history hepatic category

(MedHistHepatic)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 064-Cirrhosis
* 062-Failure
* 063-Hepatitis
* 061-Insufficiency
* 069-Other, specify (MedHistHepaticOTH)\_\_\_\_\_\_\_\_\_

### Medical history musculoskeletal category

(MedHistMusculoskeletal)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 071-Arthritis
* 073-Pressure ulcers
* 072-Spasticity
* 079-Other, specify (MedHistMusculoskeletalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history neurologic category

(MedHistNeurologic)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Cerebral vascular anomaly
* 081-Cerebrovascular accident
* 085-Epilepsy: focal
* 086-Epilepsy: other
* 084-Epilepsy: partial
* 087-Headache
* Non-migraine
* 088-Migraine headaches
* 089-Previous TBI
* 083-Seizures
* 083-Seizures-Alcohol
* 083-Seizures-Febrile
* 083-Seizures-Idiopathic
* 083-Seizures - Posttraumatic
* Spinal cord injury
* 082-Transient ischemic attacks
* Tumor
* Vertebral injury
* Other, specify (MedHistNeurologicOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history oncologic category

(MedHistOncologic)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* Cerebral vascular anomaly
* 081-Cerebrovascular accident
* 085-Epilepsy: focal
* 086-Epilepsy: other
* 084-Epilepsy: partial
* 087-Headache non migraine
* 088-Migraine headaches
* 089-Previous TBI
* 083-Seizures
* 083-Seizures-Alcohol
* 083-Seizures-Febrile
* 083-Seizures-Idiopathic
* 083-Seizures - Posttraumatic
* Spinal cord injury
* 082-Transient ischemic attacks
* Tumor
* Vertebral injury
* Other , specify (MedHistOncologicOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history psychiatric category

(MedHistPsychiatric)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 111-Anxiety
* 112-Depression
* 115-Other psychiatric disorder
* 114-Schizophrenia
* 113-Sleep Disorder
* 119-Other, specify (MedHistPsychiatricOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history pulmonary category

(MedHistPulmonary)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 102-Asthma
* 101-COPD
* 103-Pneumonia
* 104-Tuberculosis
* 109-Other, specify (MedHistPulmonaryOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history renal category

(MedHistRenal)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 123-Chronic UTI's
* 122-Failure
* 121-Insufficiency
* 129-Other, specify (MedHistRenalOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Medical history social history category

(MedHistSocialHistory)  
*Select all that apply. If “Other, specify” is selected, provide an input.*

* 132-Alchohol use
* 133-Drug use
* 131-Tobacco use
* 139-Other, specify (MedHistSocialHistoryOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix 1: CORE TBI Data Elements

|  |  |
| --- | --- |
|  | |
| Variable Name | **Page number** |
| GUID | 1 |
| MedclHistCondTxt | 5 |
| MedclHistCondSNOMEDCTCode | 5 |

# Appendix 2: Some SNOMED Concept Codes and Verbatim Text

|  |  |
| --- | --- |
| **SNOMED Concept Code** | **Medical History SNOMED Concept Verbatim Name**  (https://phinvads.cdc.gov/vads/) |
| 441806004 | Abscess of brain |
| 702632000 | Acquired brain injury (disorder) |
| 209922004 | Brain contusion with open intracranial wound, with 1-24 hours loss of consciousness |
| 209921006 | Brain contusion with open intracranial wound, with more than 1 hour loss of consciousness |
| 209923009 | Brain contusion with open intracranial wound, with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209924003 | Brain contusion with open intracranial wound, with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209920007 | Brain contusion with open intracranial wound, with no loss of consciousness |
| 2470005 | Brain damage |
| 275272006 | Brain damage - traumatic |
| 28188001 | Brain injury with open intracranial wound |
| 28156009 | Brain injury with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 5202009 | Brain injury with open intracranial wound AND concussion |
| 13752003 | Brain injury with open intracranial wound AND loss of consciousness |
| 86010003 | Brain injury with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 12912004 | Brain injury with open intracranial wound AND no loss of consciousness |
| 27923006 | Brain injury with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 86488006 | Brain injury with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 9015001 | Brain injury without open intracranial wound |
| 22693008 | Brain injury without open intracranial wound  AND with brief loss of consciousness (less than one hour) |
| 33332005 | Brain injury without open intracranial wound AND with concussion |
| 53267002 | Brain injury without open intracranial wound AND with loss of consciousness |
| 47450003 | Brain injury without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 79228001 | Brain injury without open intracranial wound AND with no loss of consciousness |
| 55885004 | Brain injury without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) with return to pre-existing conscious level |
| 47462004 | Brain injury without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 39020005 | Brain injury, without skull fracture |
| 25816005 | Brain stem compression |
| 127305005 | Brain stem contusion |
| 78968003 | Brain stem contusion with open intracranial wound |
| 57012007 | Brain stem contusion with open intracranial wound AND brief loss of consciousness (less than one hour) |
| 78028004 | Brain stem contusion with open intracranial wound AND concussion |
| 66393002 | Brain stem contusion with open intracranial wound AND loss of consciousness |
| 23026001 | Brain stem contusion with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 52913008 | Brain stem contusion with open intracranial wound AND no loss of consciousness |
| 16837005 | Brain stem contusion with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 42670008 | Brain stem contusion with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 52888005 | Brain stem contusion without open intracranial wound |
| 54637009 | Brain stem contusion without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 79220008 | Brain stem contusion without open intracranial wound AND with concussion |
| 29807001 | Brain stem contusion without open intracranial wound AND with loss of consciousness |
| 38761006 | Brain stem contusion without open intracranial wound AND with moderate loss of consciousness (1-24 hours) |
| 36716000 | Brain stem contusion without open intracranial wound AND with no loss of consciousness |
| 10061007 | Brain stem contusion without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 63023005 | Brain stem contusion without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 95454007 | Brain stem hemorrhage |
| 63986002 | Brain stem herniation |
| 95457000 | Brain stem infarction |
| 95456009 | Brain stem ischemia |
| 127307002 | Brain stem laceration |
| 12589008 | Brain stem laceration with open intracranial wound |
| 6147005 | Brain stem laceration with open intracranial wound  AND brief loss of consciousness (less than one hour) |
| 41222005 | Brain stem laceration with open intracranial wound AND concussion |
| 3119002 | Brain stem laceration with open intracranial wound AND loss of consciousness |
| 41025001 | Brain stem laceration with open intracranial wound AND moderate loss of consciousness (1-24 hours) |
| 19210000 | Brain stem laceration with open intracranial wound AND no loss of consciousness |
| 5073009 | Brain stem laceration with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 64413001 | Brain stem laceration with open intracranial wound  AND prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 20899000 | Brain stem laceration without open intracranial wound |
| 59561005 | Brain stem laceration without open intracranial wound AND with brief loss of consciousness (less than one hour) |
| 17819003 | Brain stem laceration without open intracranial wound AND with concussion |
| 10256000 | Brain stem laceration without open intracranial wound AND with loss of consciousness |
| 18531006 | Brain stem laceration without open intracranial wound  AND with moderate loss of consciousness (1-24 hours) |
| 78525006 | Brain stem laceration without open intracranial wound AND with no loss of consciousness |
| 70686002 | Brain stem laceration without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) AND return to pre-existing conscious level |
| 67378005 | Brain stem laceration without open intracranial wound  AND with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 51568001 | Brain stem vertigo |
| 230807001 | Brain ventricular shunt displacement |
| 444869007 | Cavernous hemangioma of brain |
| 191475009 | Chronic alcoholic brain syndrome |
| 78689005 | Chronic brain syndrome |
| 15139001 | Chronic brain-hydrocephalus syndrome |
| 429271000124103 | Chronic hypoxic-ischemic brain injury |
| 27195007 | Chronic non-psychotic brain syndrome |
| 111033008 | Circumscribed atrophy of brain |
| 209871005 | Closed hindbrain contusion |
| 10481000119108 | Colloid brain cyst |
| 46963008 | Compression of brain |
| 141091000119105 | Compression of brain co-occurrent and due to nontraumatic subarachnoid hemorrhage (disorder) |
| 140881000119109 | Compression of brain co-occurrent and due to spontaneous cerebral hemorrhage (disorder) |
| 135801000119109 | Compression of brain due to focal lesion |
| 110030002 | Concussion injury of brain |
| 34663006 | Contusion of brain |
| 84170006 | Contusion of brain with open intracranial wound |
| 90768003 | Contusion of brain without open intracranial wound |
| 342751000119101 | Cortical blindness of left side of brain (disorder) |
| 342741000119103 | Cortical blindness of right side of brain (disorder) |
| 445166009 | Cystic degeneration of brain |
| 441460004 | Cysticercosis of brain |
| 52522001 | Degenerative brain disorder |
| 133301000119102 | Degenerative brain disorder caused by alcohol (disorder) |
| 276730002 | Dermoid cyst of brain |
| 262693007 | Diffuse brain injury |
| 210038008 | Focal brain injury |
| 429565004 | Germ cell tumor of the brain |
| 301764006 | Hematoma of brain |
| 209885000 | Hind brain contusion with open intracranial wound, with 1-24 hours loss of consciousness |
| 209884001 | Hind brain contusion with open intracranial wound, with less than 1 hour loss of consciousness |
| 209886004 | Hind brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209887008 | Hind brain contusion with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209883007 | Hind brain contusion with open intracranial wound,  with no loss of consciousness |
| 209900006 | Hind brain laceration with open intracranial wound |
| 209904002 | Hind brain laceration with open intracranial wound, with 1-24 hours loss of consciousness |
| 209903008 | Hind brain laceration with open intracranial wound, with less than 1 hour loss of consciousness |
| 209905001 | Hind brain laceration with open intracranial wound,  with more than 24 hours loss of consciousness and return to pre-existing conscious level |
| 209906000 | Hind brain laceration with open intracranial wound,  with more than 24 hours loss of consciousness without return to pre-existing conscious level |
| 209902003 | Hind brain laceration with open intracranial wound, with no loss of consciousness |
| 95659007 | Hindbrain hernia headache |
| 253203003 | Hypoplasia of brain gyri |
| 389088001 | Hypoxia of brain |
| 126944002 | Hypoxic-ischemic brain injury |
| 128614008 | Infectious disease of brain |
| 431266005 | Intraparenchymal hematoma of brain |
| 449020009 | Intraparenchymal hemorrhage of brain |
| 78914008 | Laceration of brain |
| 22819008 | Laceration of brain with open intracranial wound |
| 55702009 | Laceration of brain without open intracranial wound |
| 254941009 | Mixed glial tumor of brain |
| 204074000 | Multiple brain anomalies |
| 192926004 | Multiple sclerosis of the brainstem |
| 126952004 | Neoplasm of brain |
| 126961004 | Neoplasm of brain stem |
| 94767002 | Neoplasm of uncertain behavior of brain |
| 94766006 | Neoplasm of uncertain behavior of brain stem |
| 189488006 | Neoplasm of uncertain or unknown behavior of brain, Infratentorial |
| 189487001 | Neoplasm of uncertain or unknown behavior of brain, supratentorial |
| 281560004 | Neuroblastoma of brain |
| 254944001 | Neuronal and mixed neuronal - glial tumor of brain |
| 76011009 | Non-specific brain syndrome |
| 209881009 | Open hindbrain contusion |
| 126945001 | Perinatal anoxic-ischemic brain injury |
| 187080002 | Pheohyphomycotic brain abscess |
| 698837003 | Posttraumatic porencephalic cyst of brain (disorder) |
| 204032005 | Reduction deformities of brain |
| 127294003 | Traumatic AND/OR non-traumatic brain injury |
| 127295002 | Traumatic brain injury |
| 708728007 | Traumatic brain injury of unknown intent (disorder) |
| 127299008 | Traumatic brain injury with brief loss of consciousness |
| 127298000 | Traumatic brain injury with loss of consciousness |
| 450569000 | Traumatic brain injury with loss of consciousness one hour or more |
| 127300000 | Traumatic brain injury with moderate loss of consciousness |
| 127302008 | Traumatic brain injury with no loss of consciousness |
| 127301001 | Traumatic brain injury with prolonged loss of consciousness |
| 450551009 | Traumatic brain injury with prolonged loss of consciousness (more than 24 hours) and return to pre-existing conscious level |
| 450552002 | Traumatic brain injury with prolonged loss of consciousness (more than 24 hours) without return to pre-existing conscious level |
| 428089008 | Venous hemangioma of brain |

# APPENDIX 3: REFERENCES

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